

625

101

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No.

Registrar's No.

1. Place of Death: (a) County Hila (b) City or Town Miami (c) Location M. J. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days; In Arizona 2 days  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Hila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 153 Railroad Ave.; (e) If foreign born, in U. S. A. yr.  
3. (a) FULL NAME Phillip Stewart (b) If veteran Yes (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive. \_\_\_\_\_ yrs.

7. Birthdate of deceased Dec 5 1941  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
0 0 2 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name Phillip Stewart  
13. Birthplace Phoenix Ariz.  
(City, town or county) (State or Country)

14. Maiden Name Helle Helen Watson  
15. Birthplace Phoenix Ariz.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Phillip S. Stewart  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Gravestone (c) Date Dec 7 1941

18. (a) Embalmer's Signature J. May Males Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) December 7, 1941  
(Date received local Registrar)  
(b) Nelson D. Brayton  
(Registrar's Signature)

20M 100% Rag 9/23/40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 6 1941  
TIME (Hour and minute) 8:30 P. M.

21. I hereby certify that I attended the deceased from Dec 5-1941  
to Dec 6-1941, 19\_\_\_\_;  
that I last saw h. Dec 7-1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Latent Falciparum Malaria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## DURATION

PHYSICIAN  
Underline the  
cause to which  
death should  
be charged  
statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in  
public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Harris M.D. M. D.  
Address Miami Date signed 12-8-1941